



PATENT
450100-3752.1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : H. Kitano et al.
Serial No. : 09/910,288
For : INFORMATION RETRIEVAL APPARATUS AND
METHOD
Filed : July 20, 2001
Examiner : Steven HD Nguyen
Art Unit : 2665

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Technology Center 2600

745 Fifth Avenue
New York, NY 10151

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Date of Deposit: October 18, 2004

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Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**

Barnett Shindler
(Typed or printed name of person mailing paper or fee)

[Signature]
(Signature of person mailing paper or fee)

AMENDMENT

Mail Stop **Amendment**
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

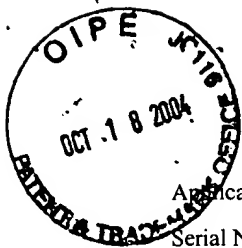
Dear Sir:

In response to the outstanding Office Action dated June 17, 2004, please amend
this application as follows.

10/21/2004 AWONDAF1 00000108 09910288

01 FC:1251

110.00 OP



10-19-04

PATENT
450100-3752.12665 \$
41

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	10	Minus	20	* x	\$18 (9)	= \$ 0.00
Independent claims	7	Minus	7 =	* x	\$84 (42)	= \$ 0.00
Total additional fee for this amendment						\$ 0.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the highest number of total claims previously paid for is less than 20, write "20" in this space.

*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$280(140) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the first month following the expiration of the term originally set therefor. This is a petition to request a one-month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$110.00 is attached, which covers the cost of ☐ additional claims X petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Barrett Shindler

(Typed or printed name of person mailing paper or fee)

Barrett Shindler

(Signature of person mailing paper or fee)

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